

2019 Donation Form

Thank you for your interest in supporting ArtCenter. Please fill out this form and return it to us by mail (see address below) or by emailing it to giving@artcenter.edu. You may also give online at artcenter.edu/giving.

Name

Address

City

State

ZIP code

Phone

Email

Single Gift

- I would like to make a single gift of \$ _____
- I am enclosing my check made payable to **Artcenter College of Design**
 - Please charge my credit card

Recurring (Monthly) Gift

- I would like to make a regular monthly payment of \$ _____.
- Please charge my credit card:
- One year (12 monthly installments)
 - Ongoing (automatically renewed annually)

Gift Matching

- My employer will match my gift _____
Name of company

Credit Card Information

Please charge my credit card: Visa MasterCard Amex Discover

Card number

Expiration date

Name on card

Signature

Gift Designation

Please choose how you would like to designate your gift:

- ArtCenter Fund (area of greatest need)
- General Scholarship
- Other _____ (e.g., specific scholarship fund, department or program)

If you wish to give anonymously, please initial here: _____

Thank you!